

Community Facility Projects

This section of the 2011 CDBG Application Form should be used by nonprofit and faith-based organizations with IRS tax-exempt status and local governments to request CDBG funds for projects involving acquisition and/or improvement of community facilities that serve low-moderate income residents of unincorporated communities and cities listed in the Consortium Sub-regions.

Community Facility Projects include acquisition, construction, and rehabilitation of health and human service facilities, such as senior centers; childcare centers; facilities (non-housing) for disabled adults; food banks; substance abuse treatment facilities; social service facilities; and health care facilities. Projects must be consistent with the King County Consortium Consolidated Housing & Community Development Plan for 2010-2012 and CDBG Program Regulations. Projects will be awarded funding for 2011 and must be completed by May 31, 2012.

If an environmental technical report or study is required for your project, it will be prepared by a consultant retained by HCD and paid for with a portion of your CDBG award. Consequently, your application should include a sufficient amount to cover the cost of required reports or studies. The amount should be included in your project budget, PART III.D.I. of this application, under section I, "Environmental Review, Reports or Studies Costs". Contact HCD Environmental Specialist, at 206-263-9099 for assistance in determining the time to allow for environmental factors and the amount to budget in the application.

Threshold and Evaluation Criteria for Community Facilities**THRESHOLD REQUIREMENTS –**

1. Proposed projects must be consistent with CDBG Program Regulations.
2. Proposed projects must be consistent with Consolidated Plan objectives and policies.
3. Proposed projects located outside the Consortium jurisdictions must provide a unique regional service not currently available in the Consortium communities that the agency proposes to serve.
4. Proposals for community facility projects must include evidence of the agency's ability to provide CDBG-eligible services and to maintain the facility for the required term (e.g. financial statements, budget and organizational chart)

EVALUTION CRITERIA — (LISTED IN NO PARTICULAR ORDER)

1. The extent to which the project improves the human service facility provider's ability to 1) increase amount or type of services they provide, and/or 2) increase the number of people they serve, and/or 3) increase the quality and or accessibility (of the building as well as the geographic location) of service provision. (*PART III B and C*)
2. The agency's responsiveness to community and client needs in delivering services (e.g. physical accessibility, hours of services, staff capacity, cultural competency etc.). (*PART II, Section C.6*)
3. Facility Condition: project demonstrates a comprehensive approach to rehabilitation of the facility. (The project should show how it fits within an overall physical needs assessment of the facility and reflect a comprehensive rehabilitation plan.) (*PART III G.2*)
4. The extent that facility maintenance for the required term has been addressed (e.g. as reflected in budget, business plan or facility management plan. (*PART III G.5*))
5. Projects under \$50,000 are discouraged.
6. The extent to which the project is ready to proceed, including the applicant's capacity to complete the project within the year 2011; the extent to which project environmental and land use issues

have been identified and planned for; and the extent to which all funding necessary to implement the project has been committed. (*PART II A; III D and E*)

7. The extent to which the agency has planned for service delivery in the proposed facility, including working with an established network of community partners – e.g. evidence of referral relationships, links or other coordination within a larger network of providers. (*PART III F*)
8. The extent that all geographic areas and participating jurisdictions benefit fairly from CDBG- and HOME-funded activities over the three-year agreement period, so far as is feasible and within the goals and objectives of the Consolidated Plan.
9. The extent that the project meets a specified need or a geographic sub-region as identified in the Request For Proposal (RFP) process.

Contents of PART III

PART III - Community Facility Category

Threshold and Evaluation Criteria

Part III A – Project Description

Part III B – Measurable Outputs

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Part III H – Change of Use Restriction

Part III I -- Project Proforma

The following are required Hard Copy Attachments for Community Facility Proposal

Part III Required Attachments:

ATT III.1 - A copy of most recent Audit (*All applicants*)

ATT III.2 - Map of Service Delivery Area (*All applicants*)

ATT III.3 - Pictures of Proposed Site (from the North, South, East and West) (*All applicants*)

ATT III.4 - Current Bylaws; Articles of Incorporation (*Non profits only*)

ATT III.5 - Copy of Non-Profit IRS Letter of Designation (*Nonprofits only*)

ATT III.6 - Organization Chart (*All Applicants*)

ATT III.7 - Parcel Viewer Information from King County Website

Responses for PART III - Community Facility

PART III A. PROJECT DESCRIPTION

A.1 Describe, in detail, what you plan to acquire, construct, or rehabilitate. Specify how you arrived at the total cost of the project. Identify the permits that will be required for the project as well as any land use approvals (i.e. lot line adjustment, subdivision, rezone, conditional use, etc.)

Insert text here

A.2 Describe how the CDBG funds will be used in the project – what portion of the scope, if multiple funding sources are involved will the CDBG funds cover.

Insert text here

A.3 Describe how the project is accessible or is working toward full accessibility in terms of:

- A.3.1 Affordability

Insert text here

- A.3.2 Transportation (proximity to public transportation, special transportation programs, vouchers, etc). How will clients get to facility?

Insert text here

- A.3.3 Immediacy of services (how soon will this project's services become available, waiting list, etc.)

Insert text here

- A.3.4 What efforts will your agency and community partners make to promote your program and reach isolated individuals?

Insert text here

- A.4.5 Describe how the facility complies with the American with Disabilities Act (ADA) and requirements regarding accessibility. Submit ADA 504 Self-Evaluation and Correction Plan

Insert text here

PART III B. MEASURABLE OUTPUTS

B.1 Provide indicators of service delivery before and after project completion.

Table B.1 – Measurable Outputs

Define Unit	Number of Units			Indicate Annual No. of Households/Persons		
Current measurement of unit	Before No. of Units Provided	After Project Completion Annual No. of Units Provided	Difference	Before Project Annual No. of Persons Served	After: Annual No. of Persons Served	Difference
Example: Lbs Food Served	1,234,000	1,400,000	+166,000	38,568	42,750	+4,182
# of Weekend Backpacks	3,370	4,750	1,380	175 unduplicated children	250 unduplicated children	75
[Add rows as needed]						

Table B.1.1 - Provide a definition for each unit of service indicated:

Insert text here

B.1.2 List all sources funding the services identified above. Indicate with an asterisk, the source(s) that will fund these services in 2011.

Table B.2– Source of Funds for Continued Services (add rows as necessary)

Source of funds	Award Amount Available Annually	Total Grant Amount	Term of Commitment (start and end dates)	
			State Date	End Date

PART III C. Performance Measures

Describe how the project meets the Consolidated Plan Objective Outcome and what performance measure(s) are used to demonstrate an outcome for both short term and long term indicators.

Insert narrative here.

Indicate anticipated number and type of units of service below:

- The Agency/City will serve, at minimum, the following unduplicated number of persons.

	1st Qtr Jan–Mar	2nd Qtr Apr–Jun	3rd Qtr Jul–Sep	4th Qtr Oct–Dec	Total in Year 2011
Number of unduplicated persons					

2. The Agency/City will provide, at minimum, the following cumulative units of service:

<i>Programs Offered</i>	<i>Identify service</i>	1st Qtr Jan–Mar	2nd Qtr Apr–Jun	3rd Qtr Jul–Sep	4th Qtr Oct–Dec	Total in Year 2012

Increase table rows as necessary to reflect all applicable services provided at this facility.

2.1 Services/Programs Offered at Facility - Delivery Detail

Program	Provider Name	CEO/Name	E-Mail Address	Contact Name	E-Mail Address

Increase table rows as necessary to reflect all programs provided at this facility, including, but not limited to tenant programs, etc.

PART III D. - BUDGET - COMMUNITY FACILITY

If your project an Acquisition Activity, complete table D.1 in PART III- Acquisition Supplement in addition or in lieu of the following table.

D.1 LINE ITEM BUDGET FOR **Construction, Expansion and/or Rehabilitation Projects**

Indicate funding Status with corresponding letter: "A" – anticipate submitting an application in future grant RFP process; "S" - submitted application, award unknown; "C" – funds are committed.

Item	2011 CDBG Funds	Other Funds	Status	Total Funds
*Environmental Review (King County Cost Set-aside)	\$ 4,000	\$		\$
Development				
Appraisal(s)	\$	\$		\$
Architect/Engineer	\$	\$		\$
Security Document and Title Report Fees	\$	\$		\$
Construction:				
Construction Contract: Line 33 from Form D.2 (Include Sales Tax and Construction Contingency)	\$	\$		\$
Project Management _____%	\$	\$		\$
Other:				
Real Estate Tax	\$	\$		\$
Legal	\$	\$		\$
Insurance	\$	\$		\$
Relocation	\$	\$		\$
Other: (list)	\$	\$		\$
Sub-Total* (Less Environmental Review Cost)	\$	\$		\$
Appraised Land/Structure Value (Match)	\$	\$		\$
Total Project Budget:	\$	\$		\$

**Environmental Review (King County Cost Set-aside): This amount is set-aside until final environmental review costs are determined.*

D.2 Budget Narrative

D.2.1 Provide background and explanation of fund sources and status of other funding pursued for this project, i.e. what other grant/fund sources have you submitted applications?

D.2.2 Provide dates of anticipated award announcements and if funds are identified through capital campaign commitments?

D.2.3. What funds have been committed and is there a time expiration for those funds?

D.2.4. Are any of the 'Other' funds from a federal source?

Insert Narrative here

D.3 Reduction Options -- Can your project or program be funded a reduced level if necessary?

Yes ☐ No ☐ Minimum amount needed to make project viable: \$_____

D.3.1 If yes, indicate what amount of funding is the minimum that would be required in order to be successful in the project activity but at a reduced level?

D.3.2 Explain what element of your project/program be modified to address this reduction?

Insert Narrative here

Continue to next page.

FORM D.2 Architect's Estimate THIS FORM MUST BE SUBMITTED COMPLETE

2011 Community Development Block Grant Program Proposal

Architect's Estimate

Date: _____, 20____

Project Name: _____

Applicant Agency: _____

Prepared by: _____

Item No.	Description	Est. Quantity	Units	Unit Price	Total Price
1	Permits				
2	Waterline Install/ hookup				
3	Temp. Power Hook-up				
4	Excavating, Fill, Grading, Hauling				
5	Surveying & Engineering				
6	Foundation Labor				
7	Foundation Concrete				
8	Steps/Walks/Driveway/Parking Area				
9	Basement, Floors, Concrete				
10	Masonry				
11	Framing Lumber				
12	Siding				
13	Framing Labor				
14	Rough Plumbing				
15	Electrical Wiring				
16	Finish Plumbing				
17	Heating, Ventilation and Air Conditioning (HVAC)				
18	Sewer/Septic				
19	Gutter/Downspouts				
20	Insulation				
21	Roof Trusses				
22	Roofing				
23	Windows & Screens				
24	Exterior and Interior Doors & Trim				
25	Exterior and Interior Painting				
26	Flooring				
27	Misc. Hardware and Fixtures				
28	Insurance/Cleaning				
29	Decks				
30	Landscaping				
31	Sales Tax				
32	Contingency				
33	TOTAL Construction Budget:				\$ 0

[Modify line items/add rows as necessary to reflect specific project activities].

PART III E - COMMUNITY FACILITY PROJECT SCHEDULE

If your project is an Acquisition Activity, complete Table E.1 in PART III- Acquisition Supplement in addition to or in lieu of the following table.

E.1 Timeline and Milestones for Construction and/or Rehabilitation Project Activity

Milestones	Projected Completion Date
Environmental Review Complete	*
Contract Executed with King County	**
Design Begun	
Design Complete, Bid Specs Submitted for County Review	
Bid Opening	
Preconstruction Conference	
Construction 50% Complete	
Construction Complete	
Labor Standards Reviewed and Accepted	
Release Retainage	
Beneficiary Data Collected	January - December 2012
Project Completion Report Filed w/HCD Staff	December 2012
Project Closed	December 2012

* Obtain an estimate from King County Environmental Review Specialist

** Contract Start Date can only occur AFTER Environmental Review Date

PART III F- PROJECT TEAM

Provide the name of the consultant or staff person who will perform the following tasks. Please note that consultants paid for with CDBG funds must be selected through a competitive process and in accordance with 24 CFR Part 84 (nonprofit organizations) and 24 CFR Part 85 (local governments). If any of the tasks will be performed by a consultant, indicate who in your agency will be responsible for selecting the consultant.

Complete all of the following:

Application Phase

Prepare and submit CDBG Grant Application:

Consultant or Agency Staff _____ Contact: _____

E-mail: _____ Phone: _____

Applicant Staff responsible for consultant selection process: _____

E-mail: _____ Phone: _____

Prepare and submit environmental review forms:

Consultant or Agency Staff _____ Contact: _____

E-mail: _____ Phone: _____

Applicant Staff responsible for consultant selection process: _____

E-mail: _____ Phone: _____

Agency Contracting – Contract Phase

Review and execute contract and security instruments OWNER

Owner or Agency Staff: _____ Contact: _____

E-mail: _____ Phone: _____

Applicant Staff responsible for consultant selection process: _____

E-mail: _____ Phone: _____

OR

Review and execute contract and security instruments Tenant/Agency

Owner or Agency Staff: _____ Contact: _____

E-mail: _____ Phone: _____

Applicant Staff responsible for consultant selection process: _____

E-mail: _____ Phone: _____

Prepare and submit application for required permit and land use approvals:

Consultant or Agency Staff: _____ Contact: _____

E-mail: _____ Phone: _____

Applicant Staff responsible for consultant selection process: _____

E-mail: _____ Phone: _____

Procurement – Professional Services

Prepare and submit construction bid specifications:

Consultant or Agency Staff: _____ Contact: _____

E-mail: _____ Phone: _____

Applicant Staff responsible for consultant selection process: _____

E-mail: _____ Phone: _____

Procurement – Construction

Solicit and review construction bids:

Consultant or Agency Staff: _____ Contact: _____

E-mail: _____ Phone: _____

Applicant Staff responsible for consultant selection process: _____

E-mail: _____ Phone: _____

Continue to next page.

PART III G. Existing Property Description**G.1 Property**Legal Description: *Insert text here.*G.1.1 Property Owner. (*Indicate if project site is currently owned, leased, or controlled by agency.*)
(Provide name, address and phone number)

Name: _____

If not an individual -- indicate Agency, Agent or Management Firm

Contact Name: _____

Address: _____

Phone No: _____ E-mail: _____

G.1.2 Lease Term (if applicable) _____ years from _____ (date) to _____ (date)

G.1.3 Recording Number: _____ (*Lease will need to be recorded if the project is funded*)G.1.4. Property size _____ Zoning
classification _____

G.1.5. Identify and provide Existing Deed restrictions, Liens and Covenants (provide a copy if applicable) _____

G.1.6. Existing debt (if applicable) \$ _____

G.1.7. Landmark designation (if applicable - provide copy) _____

Table G.1. Complete the following table (include information for each building located on site):

	Size (sq ft)	Year Built	Current Use	Proposed Use	Current Assessed Value
Structure					\$

G.2. Current Property Value

G.2.1. What is the current assessed value of the land? \$ _____

G.2.2. What is the total assessed value? (Land and Structure(s)) \$ _____**PART III G-3 Property Owner Authorization**

I, _____, as legal owner, or authorized representative of the property owner, understand the requirement set forth for these funds through the execution of security instruments (i.e. promissory note, deed of trust, and community facility covenant) in the above noted property and the requirement thereof for services identified in the Applicant's proposal during the term required, will be executed. *If this authorization is signed by a party other than the property owner of record, such party must submit documentation from owner demonstrating the authority to sign on behalf of said owner.*

Property Owner (if different from applicant)

Authorized signature of Property Owner

Print Name / Signature

Print Name / Signature

Address

Title (Print)

Mailing Address if different

Property Owner Contact Person:

City State Zip Code

Name/Title (Print)

Phone # E-Mail Address

Phone # E-Mail Address

PART III G.4 Facility Assessment:

G.4.1 Provide a brief description of the current conditions of the facility and its surrounding premises.

	Condition:	Good	Fair	Poor	Clarifying Description
Structural components (Overall)					
Roof					
Drainage					
Windows					
Type of insulation					
Foundation					
Walls –					
2X4					
2X6					
Floors					
Access					
Parking					
Sidewalks					
Ramps					
System components					
Building condition (Overall)					
Meets Fire Codes					
Electrical					
Plumbing					
HVAC					
Note any known code issues					
Presence of	Yes	No			
Lead Base Paint					
Asbestos					

G.4.1.1 If new construction, identify 'Green Building' techniques; green building materials, energy efficient design(s), and pervious surfaces installed that will be used in construction and in ultimate long term use for energy conservation?

Insert text here

G.4.2 Are there any code violations that might involve safety?

Insert text here

G.4.3 Have all code requirements been identified, considered and addressed in this application? Explain.

Insert text here

G.4.4 Will updating any of the above system(s) realize cost or energy savings within a reasonable time? That would be?_____ terms of years.

Insert text here

Resource Link:

King County i-map and parcel viewer

- <http://www.kingcounty.gov/operations/GIS/PropResearch/ParcelViewer.aspx>
- Enter parcel # or address, or zoom using magnifying glass cursor → click “Districts & Development Report” and “Assessor's Data Report”, and **print both and provide as an Attachment III .7**

**G.5 Development Plan.**

Describe what plan exist or actions being considered to address any inadequacies identified regarding the facility condition. For example: new roof, repair steps, sidewalks, etc. exterior painting. Provide the timeline in the plan to address the deficiencies.

Insert text here

G.6 Facility Maintenance

What is the Agency's operation and maintenance plan for the next ten years as it relates to this specific building? Indicate how this correlates to the Proforma provided in Section III I.

Insert text here

PART III H - Change of Use Restriction

CDBG-assisted properties must be used for CDBG eligible activities, as opposed to other private or even other public activities, for a specified length of time. The amount of CDBG funding awarded determines the length of the term during which the facility must be used for CDBG eligible activities as follows:

Up to \$25,000 - 2 years from project completion

\$25,001 - \$99,999 - 5 years from project completion


\$100,000 - \$199,999 - 10 years from project completion; and

\$200,000 or more - 15 years from project completion.

Project completion is defined as the date on which King County approves the agency's final request for reimbursement.

During the term of the change of use restriction, a CDBG-assisted facility may be rented to another organization which serves low- and moderate-income persons provided the rent charged is below market rate for such space and is based solely on actual operating costs (for example, the cost of utilities, consumable goods, janitorial services). During the term of the change of use restriction, a CDBG-assisted facility may be used at times for ineligible activities, such as rentals for private parties or for activities having charges or fees, provided these guidelines are followed:

- Such uses may not be scheduled so as to displace or conflict with CDBG-eligible uses;
- Such uses must be given a lower priority than CDBG-eligible uses when scheduling use of the facility;
- Such uses may not comprise more than 30 percent of the facility's regular operating hours during any single quarter of the calendar year; and
- Fair market rents must be charged for use of the space.
- King County CDBG funding in an amount of \$25,001 or more shall be structured as a zero interest forgivable loan for the period of time during which the change of use restriction applies.

 **Indicate by signature:** _____ Applicant understands that if the project is approved for CDBG Capital funding, the applicant will be required to execute security documents

- Promissory Note,
- Deed of Trust and
- Covenant.

assuring that the use of the facility will be secured for the term indicated above, based on the amount of funds awarded; that if a change of use occurs, awarded funds will be repaid to the CDBG Consortium.

If facility is a leased facility, the Owner will be required to sign on documents related to security interest (Deed of Trust and Covenant) as well as evidenced in PART III G-3 Property Owner Authorization.

H.1.1 Describe how the Agency will secure and maintain records documenting how rents and fees were calculated for all tenants and users of the facility.

Insert text here

PROJECT PROFORMA

PART III- I.

Name of Organization: _____

Table I.1 - Proforma

	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6	Year 7	Year 8	Year 9	Year 10
Revenue										
Grant Source										
Other Income Number/Rent x 12										
Other: list										
Gross Potential Income										
Less Vacancy Rate (____%) (not less than 2%)										
Effective Gross Income (Receivables)										
Operating Expenses										
Insurance										
Heat										
Electric										
Water and Sewer										
Garbage Removal										
Repairs										
Maintenance										
Replacement Reserve										
Operating Reserve										
Management										
Other: list										
Total Operating Costs										
Real Estate Taxes										
Net Operating Income										
Existing Debt Service (____% on \$_____ for ____ years)										
Total Expenditures										
Cash Flow Per Year										

PART III - ACQUISITION – SUPPLEMENTARY QUESTIONS

(Use this form only if CDBG funds are intended for Acquisition (in whole or in part) of your proposed project).

1. What research was done to identify the site for your facility?

Insert text here

2. List the properties identified as a result of that search:

3. What realtor(s) worked with your agency regarding the search for properties performed?
Provide contact information: _____

PART III D - BUDGET - COMMUNITY FACILITY or PUBLIC IMPROVEMENT (i.e. Easement Acquisition)

D.1 Line Item Budget

Indicate funding Status with corresponding letter: "A" – anticipate submitting an application in future grant RFP process; "S" - submitted application, award unknown; "C" – funds are committed

Item	CDBG Funds	Other Funds	Status	Total Funds
*Environmental Review (King County Cost Set-aside)	\$ 4,000	\$		\$
Development				
Appraisals	\$	\$		\$
Architect/Engineer	\$	\$		\$
Purchase Price	\$	\$		\$
Title Insurance	\$	\$		\$
Title Report, Closing and Recording Fees	\$	\$		\$
Other:				
Real Estate Tax	\$	\$		\$
Legal	\$	\$		\$
Insurance	\$	\$		\$
Relocation	\$	\$		\$
Sub-Total* (Less Environmental Review Cost)	\$	\$		\$
Appraised Land/Structure Value (Match)	\$	\$		\$
Total Project Budget:	\$	\$		\$

*Environmental Review (King County Cost Set-aside): This amount is set-aside until final environmental review costs are determined. Any balance remaining will be available for expenditure by Budget Revision Request from the Agency.

PART III E - COMMUNITY FACILITY OR PUBLIC IMPROVEMENT PROJECT SCHEDULE

E.1 Timeline and Milestones for an Acquisition portion of Project Activity

Milestones	Projected Completion Date
Environmental Review Complete	
Uniform Relocation Act (Relocation Criteria Documented)	
Appraisal complete; reviewed	
Contract with King County for Funds	
Closing Date Established	
Insurance Secured	
Escrow Account Established	
Title Report Secured; Schedule B Reviewed	
Closing – Property Purchased	
Beneficiary Data Collected	Jan - Dec 2012
Project Completion Report Filed w/HCD Staff	December 2012
Project Closed	December 2012

NARRATIVE: